

PHILADELPHIA MEDICAL TIMES.

SATURDAY, JUNE 26, 1875.

ORIGINAL LECTURES.

CLINICAL LECTURE

ON THE USE OF ADHESIVE PLASTER IN FRACTURE OF THE PATELLA.

BY JOHN NEILL, A.M., M.D.,

Clinical Professor of Surgery in the University of Pennsylvania.

YOU have had this winter an opportunity at previous lectures of witnessing fractures of every bone in the body with the exception of the patella.

In all of these, force has been either directly or indirectly applied. You have seen bones of the arm and leg broken by direct force at the point of its application; and you have seen a fracture of the orbital plate of the frontal bone from a fall upon the back of the head, as well as a clavicle broken by a fall upon the hand where the force has not been directly applied.

But you have not seen a fracture where muscular contraction plays so important a part as in the one before us. The muscular action may be voluntary or involuntary. Gymnasts and rope-dancers break their limbs by violent exertion. I have seen a patient who had fractured his humerus by throwing a stone. The patella, however, is sometimes fractured by no extreme effort, by no unusual exertion. I saw a gentleman a few days since who fractured his patella by merely stepping from a sidewalk to the street. I also treated a patient in the Pennsylvania Hospital whose patella was fractured by a small stick, not ten inches long, striking his knee whilst riding on his dray after the manner of draymen. In such cases the muscular contraction is *involuntary*. You can readily demonstrate this contraction of the quadriceps extensor, and especially of the rectus femoris, in your own person. If you place one knee over the other, and allow the leg to hang loosely, and then forcibly strike the top of the knee with a book, the leg will immediately be extended. It is this involuntary reflex muscular action which causes fractures of the patella to occur from such apparently trivial causes. Alighting on an irregular piece of ground, the attempt to save oneself may produce such a fracture. Of course the patella may be broken by a direct blow, a bullet, or by machinery, but such are generally compound fractures. In simple transverse fractures of the patella the force is always more or less the result of involuntary muscular contraction.

I will not enter into the discussion between the English surgeons who formerly stated that the force was *always* immediate and direct, and the French surgeons who declared that every fracture of the patella was the result of involuntary muscular action; but by experimenting for yourselves in the dissecting-room you will have difficulty in producing this fracture unless you use some instrument, such as a hatchet.

Now, in this hearty, hale young man, the acci-

dent occurred two days ago. He was wrestling with a friend, and, as he was going under, his knee touched the ground, and he suddenly became completely disabled, fell, and was unable to walk.

There is some swelling, but, as I press my fingers between the fragments, you can easily see the interstice. This is not a trifling injury, though he seems to suffer no pain or inconvenience as he lies in bed; but unless he is properly treated he will not only be lame for life, but his locomotion will be seriously interfered with, especially in going up-stairs.

At the same time, understand that bony union will hardly take place. So rarely do the fragments unite by bone that some surgeons doubt whether there ever was a bony union. Many specimens which have been supposed to be united by bone have not stood the test of being boiled and sawed in sections. I never saw but one perfect specimen, which, I am sorry to say, I have either mislaid, lost, or loaned. I hope it will some day re-appear. The specimen was well boiled, and the interstice found to be completely filled up with new bone, increasing the longitudinal measurement at least one-third.

In the living subject one often thinks that the union is bony because we cannot move one fragment upon the other, and the patient thinks so too. A man stopped me in the street a few days ago, and, finding that I did not recognize him, said, "You will know me by my knee: I have a bony union which you treated at the college on Ninth Street." I recalled his case, and examined his knee, and could feel no separation of fragments.

But the great point to secure, if not a bony union, is a ligamentous union as short as possible by the simplest and safest means.

I cannot even mention in a clinical lecture the names of all the machines used to accomplish this end. I will simply say that some are useless, others dangerous, while many, especially those which act on the principle of a figure-of-eight bandage, are very useful.

Let me first say that I have had the patient placed upon a fracture-bed; that the limb is to be extended and elevated, and the fragments coaptated. The method of retention which I prefer is not altogether a new treatment, for I brought it to the notice of the medical profession in a paper published in the *Medical Examiner* of January, 1854, giving cases so treated by me at the Pennsylvania Hospital.

The dressing is often alluded to by writers and teachers in a general manner, but the mode in which I apply it differs somewhat from that described in my paper.

The apparatus consists merely of a back-splint, strips of adhesive plaster three-fourths of a yard long and one inch wide, and two or three rollers.

The back-splint should be made of half-inch plank, and should reach from the middle of the thigh to the middle of the leg, at the same time corresponding to the thickness of the limb. It should be padded on its upper surface in the middle, to fill up very fully the popliteal hollow. After it is applied to the back of the knee it can be retained at first

by a strap or two circularly applied at each extremity. Then the accurate coaptation of the fragments is to be effected by applying the middle of the loop of a plaster-strip immediately below the lower fragment, and, drawing the extremities upward and obliquely, fastening them to the under surface of the splint. The wooden surface secures a firm adhesion, much more so than if the ends of the strips were fastened to the skin. After the lower fragment is fixed, the upper can be approximated to it in the same manner by loops successively applied, and the extremities drawn very obliquely to the lower and under surface of the splint. Then a roller is to be applied from the foot upwards, extending beyond the middle of the thigh so as to compress the muscles and prevent the extensor from contracting. Now we will place the limb upon an inclined plane, and elevate it as much as possible, so as to approximate the origin and insertion of the rectus muscle. In a few days this swelling will subside and the dressings be re-applied, and thus the fragments can be still more closely approximated, and the probability of a short ligament considerably enhanced.

Thus the patient is to lie for at least six weeks, although the posture can be changed and still the same effect be produced by raising him to a sitting posture whilst lowering his limb. Six weeks more will be required to render the union sufficiently firm to be used. It is from a disregard of this knowledge—that it takes as long a time to mend a patella as it does to mend a fractured thigh—that unsatisfactory results are so often obtained. And, although the limb be kept extended and fixed for three months, ankylosis will not occur; but some stiffness will remain for a long time, and frictions and partial flexions will have to be constantly maintained until the gradual use of the limb is secured.

By these means this man will have a useful limb, and if the ligament is one-third, one-half, or even three-fourths of an inch in length, he will walk perfectly well; if it is longer than this he will experience some difficulty in going up-stairs.

ORIGINAL COMMUNICATIONS.

OLD AND NEW DOGMATISM.

BY HENRY HARTSHORNE, M.D.

I HAVE read with much interest, in the *Philadelphia Medical Times*, two papers by Dr. B. Lee, referring to croup and diphtheria. Upon some portions of the second (June 5, 1875), entitled "The Moloch of Tradition," I desire to comment briefly.

The question of the identity or non-identity in nature of all serious cases of "acute faucial,"* laryngeal, and tracheal disease is very important in pathology; it is important, practically, at least, to those whose therapeutics do not limit them to the employment of "antizymotics and tonics, and the avoidance of all depressant measures," in certain cases of what not only tradition, but careful obser-

vation also, shows to have the character of inflammatory disease.

Without leisure to argue this question at length, I would suggest that, to use Dr. Lee's figure, there are some iron-clads which can resist even "heavy ordnance." While my own convictions on the subject have been chiefly formed by the study of cases in practice, sufficient in number to afford ample material for an individual conclusion, we will not need to look far to find examples of authority, recent, and, in a safe sense, "progressive," to set against that of the distinguished English physician cited by Dr. Lee. Such examples are those of Niemeyer (though deceased, still influential), Oppolzer, Letzerich, C. West, Flint, Lewis Smith, and Fordyce Barker. All of these have maintained distinctly the specific nature of diphtheria, as another affection from acute non-specific laryngo-tracheal inflammation, with or without pseudo-membrane; the existence of membrane in the greatest number of fatal cases, the last of which is, however (not a *tradition*, but), a long-established *fact*. I know of no better evidence sustaining the distinct existence of these two diseases than that presented by some statistics quoted in the work of Meigs and Pepper; especially satisfactory, because, in that work, the identity of all cases of membranous croup with diphtheria is maintained. The statistical facts to which I thus refer are these: in the mortality lists of Philadelphia, diphtheria does not appear before 1860; while croup had occupied a place of importance from time immemorial. In 1860, diphtheria was credited with the large number of 307 deaths. If a mere change of nomenclature or diagnosis had taken place, these deaths would simply have *substituted* in the lists those from croup. But, instead of this, the number of deaths reported from croup was in this and the succeeding years somewhat (though not largely) greater than before. The figures were as follows:

	Croup.	Diphtheria.
1855 . . .	265	
1856 . . .	268	
1857 . . .	256	
1858 . . .	292	
1859 . . .	312	
1860 . . .	354 . . .	307
1861 . . .	304 . . .	502
1862 . . .	258 . . .	325
1863 . . .	444 . . .	434
1864 . . .	455 . . .	357

Thus, the whole number of deaths by croup from 1860 to 1864 inclusive was 422 more than during the previous five years. This was no greater increase than might be expected from the continuous increase of population. But, during the time from 1860 to 1864, the deaths from diphtheria in addition to those from croup amounted to 1925.

It appears to me impossible for any one engaged in practice in Philadelphia during the period named, from 1855 to 1864, not to have observed that a new disease was introduced among us. Croup we had known always; its false membrane had not only been figured in all the books and preserved in pathological collections, but it had been met with in our patients. But diphtheria, although no doubt

* Dr. B. Lee's expression.

described in some (at that time) almost forgotten medical histories of previous epidemics at home and abroad, was yet, then, with us new. I remember to have obtained the aid, in consultation, of the late Dr. William Pepper, in the treatment of the first case of diphtheria which he saw; it was in West Philadelphia, at a house in which four cases successively occurred; two being fatal. Such facts impress one in a manner not to be forgotten.

Among the authorities quoted by Dr. Lee in his second article, the most eminent is Sir William Jenner. This is a change of opinion on his part; and I doubt whether all careful readers will consider that his reasons given for it are quite sufficient. He evidently is in doubt about it himself, using such words as these: "I am inclined now to this belief. . . . I say I am inclined to this belief. I am not sure that it is true," etc. This caution may be commended. My present purpose is, indeed, not more to put in a plea on behalf of a pathological opinion of whose correctness and importance I am convinced, than to protest against dogmatism, *new or old*, in matters of medical science. If there be, indeed, a "Moloch of tradition," there is also a Belial of recent authority, which may be as blindly worshipped. We have had in our age too much of a tendency to regard everything as false or "obsolete" which was known ten or twenty years ago; and everything reliable in the serious business of dealing with disease, which is "advanced" or "progressive" in its omissions or commissions. "Indiscriminate phlebotomy" (if it ever existed) is a thing of the past, which can never be revived. If there be, in the use of this phrase in the article to which I have been referring, an allusion to a vigorous address before the late session of the American Medical Association, delivered by a distinguished surgeon, the latter is not likely to be appalled by the vision conjured up of a "gory altar." Let us by all means allow literature to have its own exclusive use of such rhetorical images. The calm vision of science is not aided but clouded by their obtrusion into her sphere.

REMARKABLE CASE OF GALL-STONE.

BY J. V. SHOEMAKER, M.D.

DR. J. F. BIRD was called early in the spring of 1874 to Mrs. S., who had already passed a number of gall-stones. The characteristic pains had been experienced during the passage of these stones. Under treatment the patient became somewhat relieved, but very soon a rapid emaciation commenced, and, although the appetite was good, there was no nutrition. A large movable tumor soon appeared immediately in connection with the liver, which was considered by a consulting physician to be due to *cancer*.

The patient died of extreme exhaustion the 29th day of July, and at the post-mortem examination the gall-bladder was found to be perfectly impacted with gall-stones, varying in size from a small partridge-shot to a garden-pea. They numbered nine-

teen hundred and forty. There was not a single vestige of biliary secretion, even the gall-bladder itself being colorless. The duct was considerably enlarged at its hepatic extremity in consequence of the frequent passage of gall-stones through its calibre. The liver was rather diminutive in size, but not changed materially in structure or color.

NOTES OF HOSPITAL PRACTICE.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

SERVICE OF PROF. AGNEW, MAY 19.

Reported by DR. J. WILLIAM WHITE.

VARICOCELE.

CASE I.—This patient, a man *æt.* 33, has, as you see, a swelling or enlargement in his scrotum, disappearing when he lies down, and returning when he resumes the erect posture. Now, knowing these two facts about a swelling in this locality, you know that it is either a varicocele or a reducible hernia. The diagnosis between these conditions is so easily made that a mistake is simply inexcusable. Make your patient lie down, wait until the swelling has disappeared, and then place your finger firmly over the internal abdominal ring, retaining it there while he again stands up. If the disease is a hernia the swelling will not re-appear, but if it be varicocele it will speedily return, and rather more quickly than usual, because you are obstructing the spermatic veins and preventing the return of blood from the tumor. Usually, in these cases, I do not advise any operation so long as the tumor gives no special trouble and the testicle shows no disposition to atrophy. Frequent bathing with cold water, and the use of a suspensory, will generally relieve the patients of the pain and weakness in the lumbar region, the feeling of weight and dragging, and the burning sensation of which they usually complain. Sometimes, however, as in the present case, an operation is rendered necessary by the condition of the testicle, as well as for the relief of the painful symptoms. The old plan consisted in laying open a portion of the scrotum and excising the veins; another, in occluding them by pushing a pin underneath, and surrounding them with a ligature externally. This latter was very painful, as the skin was constricted by the ligature.

A much simpler way is one which I will now employ, and by which we can throw around the veins a subcutaneous loop which can be disengaged at any time. The first step is to separate the vas deferens, which feels like a piece of wire, from the other constituents of the cord. Having done this, we push it to the rear, and then put a needle through between it and the veins. We then nick the skin slightly, and enter a second needle, double-threaded, carrying it between the veins and the skin. It is then withdrawn. The loop of the thread is then passed under the end of the first needle, while the two free ends are brought down and tied lightly around the other end. We thus have the veins constricted by a loop which can be removed at any time merely by withdrawing the needle. It is usually left in position for about seven days, unless there is much fever with marked constitutional disturbance. Although varicocele sometimes returns, it has not been true in my experience that, as Mr. Symes says, it does so in all or nearly all cases. On the contrary, we may usually look forward with considerable confidence to effecting a permanent cure by this method.

ILIAC ANEURISM.

Case II.—We have here a strong, healthy-looking man, æt. 47, of fair constitution and good family history. He confesses to drinking freely, and we notice that he has the scar of a suppurating bubo in each groin. We also observe on feeling his pulse in the right wrist that he has a very small, atheromatous radial artery which is hardly discernible. Eighteen months ago he tripped and had a slight fall, and ever since has had obscure pains about the pelvis and right thigh, but, until about five months ago, there was no external evidence that he had sustained any injury. Then a tumor made its appearance under Poupart's ligament on the right side, and has since grown to what you see are its present dimensions. It is about four inches in diameter, and extends from the crest of the ilium to the median line. It involves the femoral below Poupart's ligament to the extent of two or two and a half inches, and the external iliac for an indeterminate distance. It has a centrifugal heaving movement, which ceases when I make firm pressure on the abdominal aorta or primitive iliac. On laying my ear over it, I can hear a thrill or bellows-sound. Compression has already been tried with an abdominal tourniquet, the pad of which thrusts the iliac artery against the brim of the pelvis. It was continued for five hours with the aid of morphia and ether, and at the time of removal there seemed to be some solidification, but the pulsation did not cease entirely, and has since returned. We propose to repeat this trial, as in such cases compression should certainly be very thoroughly employed.

Ligation of such a large vessel as the external iliac is a serious matter. We would have to go far up it, nearly to the bifurcation of the primitive iliac, and then would run the risk of not getting a firm clot and not having the artery entirely occluded. In fact, it is extremely probable that in this case we would have to ligate the common iliac, an operation which has been attended with a fearful mortality,—29 out of 39 cases having died. Iliac aneurism is of very rare occurrence compared with other forms, only 9 cases having been reported to 551 cases of aneurism of other vessels. In two of these cases the primitive iliac was tied: one died and one recovered. In four the vessel was sound enough to admit of the application of the ligature to the external iliac. All of these recovered. In one case the abdominal aorta and the distal extremity of the femoral were ligated, but this proved fatal in a few hours. In three cases compression was used, and these all recovered.

Hence, as in this case we have every reason to believe there is a diseased arterial system, and as we would probably be compelled to tie the common iliac, we will give compression an extremely thorough trial.

(This case was subsequently entirely cured by compression of the abdominal aorta with an abdominal tourniquet, and up to the present time no return of the pulsation has taken place.)

ENCEPHALOID TUMOR OF NARES AND ANTRUM.

Case III.—You will notice the peculiar physiognomy of this boy, æt. 8, who is suffering from encephaloid growth situated in the nasal cavity and pharynx and encroaching upon the antrum. The cheek and eye of one side are pushed out and rendered prominent; the superficial veins are conspicuous, owing to the pressure of the tumor on the deep veins; the respiration is stertorous and difficult, from the involvement of the pharynx and soft palate. This tumor has grown to its present size within a month. We will remove it with the intention of giving present relief, not with the hope of curing it permanently.

(The tumor was removed in fragments with forceps, as the base was too broad to be encircled with a loop. It was found to be encephaloid.)

TUMOR IN PAROTID REGION.

Case IV.—This patient, a female, æt. 25, is suffering from a swelling, which has followed a blow received eight months ago, and which has grown slowly ever since. Although it does not occupy the parotid region on the neck, it exactly conforms to it on the face, being bounded above by the zygoma, behind by the cartilage of the ear, and in front by the masseter muscle, this space corresponding to the limits of the parotid fascia. It may be that there is a low inflammation going on which will result in an abscess; but when I see a slow growth, with a sense of elasticity, occurring on the side of the face over the parotid region, I remember that that gland sometimes assumes malignant action, and am, therefore, cautious in my prognosis. In this case it cannot positively be asserted that either view is correct. We will simply order a lotion of equal parts of laudanum and iodine, and will wait.

JEFFERSON MEDICAL COLLEGE.

SURGICAL CLINIC OF PROF. S. D. GROSS.

Reported by F. H. FENTON.

VARICOCELE.

C. R., æt. 19 years. This patient is complaining of an enlargement on the left side of the scrotum, the latter being well marked by ridges, and the testicle is felt lying at the bottom. It is simply an immense tumor: larger than any I have ever hitherto seen in one so young. This affection evidently is a varicocele. It is most common between the ages of fourteen and twenty years, though I have known it to happen as early as at the age of eleven years. I propose to ligate the enlarged and distended veins subcutaneously, first taking care to separate the vas deferens from the mass, as any injury to it would result in a wasting away of the testicle. As I grasp the tumor it feels like a mass of earth-worms, and the vas deferens gives us the sensation of a whip-cord between the fingers; and for this reason the separation from the veins is very easy. Now, having separated the vas deferens from the veins, and grasping it between my thumb and finger, I carefully pass a needle, armed with a silver ligature, behind it, directly passing through the walls of the scrotum, and bringing it out on the other side. I then compel my needle to retrace its steps, taking care to pass my instrument in front of the veins, thus making but one puncture on either side. Then, drawing my ligature through, I twist the ends of it over a perforated button. In three days I shall untwist the wire and tighten it again. The treatment will be of an antiphlogistic character. The patient will be kept in bed, on a light diet, with the scrotum suspended and kept constantly wet with cold water and also a solution of Goulard's extract and laudanum. I prefer to operate, as you observe I have done here, with the patient in the standing position.

TRANSLATIONS.

POISONING BY CHLORAL—STRYCHNIA AS AN ANTIDOTE—RECOVERY.—Dr. E. Levinstein reports the following case (*Centralbl. für Med. Wissen.*, 1875, No. 17).

A man who had taken about six drachms of chloral was found half an hour afterwards in deep sleep, but without threatening symptoms. A little later, however, tumultuous action of the heart, with difficult and interrupted respiration, set in; and later still the action of the heart became greatly enfeebled, so that, even in

the carotids, scarcely any pulse was discernible. The pupils were greatly contracted, and the temperature sank to 91.2°.

Artificial respiration, by passive movement and faradization, proving of no avail, one-twenty-second of a grain of strychnia was administered hypodermically. Convulsive movements of the muscles almost immediately ensued, and soon after trismus; the cardiac movements again became perceptible, the pupils dilated, and the temperature rose to 92°. Shortly after, the former threatening symptoms appearing once more, a second injection of strychnia, to the amount of one-thirty-second of a grain, was administered. The effect of this was similar to that of the first, the temperature rising to normal; but artificial respiration had to be kept up for eight hours. Trismus and tetanic spasm remained for fourteen hours after the second injection; but at the end of thirty-two hours the patient awoke feeling fresh and well. No gastritis followed the ingestion of the chloral, probably because the patient's stomach contained food at the time. X.

LOSS OF HORIZONTAL MOVEMENT OF THE EYES—SOFTENING OF THE CEREBELLUM.—At a recent meeting of the Société de Chirurgie (*Le Mouvement Méd.*, May 22), M. Parras stated that lesions of the cerebellum might influence the associated movements of the two eyes, reading notes of the following case in illustration. X., aged 39 years, was admitted to the Lariboisière, March 23, 1875, complaining of gradual loss of vision, extending over two years, without any loss of consciousness at any time. His face was pale, the eyes haggard, pupils somewhat enlarged, insensible to light; acuteness of vision reduced; rather more on the left than on the right. Ophthalmoscopic examination showed hypermetropic structure of the eyes, large physiological excavation of the papillæ, veins large, gorged with blood, arteries small, all else physiological on both sides.

All horizontal movement of the eyes was wanting, both alone and when both were attempted to be moved together. Movements of elevation and depression could still be performed, but to an impaired degree on the left side. The day after his entrance into the hospital, the patient was agitated, suffered severe pains; the right side of the body was seized with cramps; cutaneous sensibility was preserved; replies sluggish. Death ensued in the evening.

Post-mortem examination showed an average amount of fluid in the ventricles, adherence of the meninges about the left cerebellar fossa. The cortical layer of the left lateral lobe of the cerebellum showed gray softening as far as the white substance, which was healthy. The other portions of the cerebellum and cerebrum were also in good condition. Only the cortical substance of the inferior vermiciform process was affected with a certain degree of softening.

In fact, this was a lesion limited to a certain portion of the gray substance of the cerebellum, to which was due in this particular case loss of horizontal movement of the eyes. X.

CONTRACTION OF THE TRAPEZIUS, SIMULATING DEVIATION OF THE VERTEBRAL COLUMN, TERMINATING IN CURE.—I. C. T. Pravaz (*Centralbl. f. Chirurgie*, from *Gaz. Hebdom.*, 1874, No. 30) records the following case:

A young girl of fourteen was affected, after some severe mental disturbance, by a deviation of the spine, the bending of the vertebral column progressing gradually for four months, until scoliosis to a marked degree was attained. The dorsal vertebræ were most severely affected, the convexity above being to the right, with compensating deviation below. The upper and inner angle of the scapula was raised, the lower angle drawn strongly off. The upper part of the right tra-

pezium was hard, and painful to pressure. By faradization of the anterior serratus magnus the scapula could be brought into position again. Galvanization of the trapezius, douches, massage, all were of no avail. Hypodermic injections of a one per cent. solution of atropia to the extent of two to four drops twice a week were then ordered. No effect was felt from these until the dose had been increased to six drops, which brought on general toxic symptoms. The spinal deviation began to amend from this time, and eventually the case ended in entire recovery.

Dr. Pravaz adds short notes of two similar cases coming under his care, both of which were successfully treated by atropia-injections. X.

ANTHELMINTIC ACTION OF KAMEELA.—M. Blondeau (*Bull. Gén. de Thérap.*, May 15) has employed the tincture of kameela with success in cases of tænia. He gave, in one case, f3vj tincture of kameela in infusion of sage, divided into three doses and taken at intervals of an hour,—at nine, ten, and eleven in the morning. At one o'clock in the afternoon, without having experienced the least colic, the patient voided an enormous tænia, the head of which was unfortunately missing.

This anthelmintic possesses, according to M. Davaine, who also advocates its use, the following advantages: it is not disagreeable to take, it does not cause colic, and it need not be associated with a purgative.

(NOTE.—Kameela is obtained from the capsules of one of the Euphorbiaceæ,—the *Rottlera tinctoria*. It is a red powder used in dyeing silk. Its use as an anthelmintic has been suggested by Hunsby. Anderson, who has also employed the tincture, has never gone beyond the dose of f3iiss.) X.

MIXED INJECTIONS OF MORPHIA AND ATROPIA IN THE DYSPNŒA OF PHTHISICAL PATIENTS.—Every one who has had charge of consumptive patients, says Dr. Forcauld, is struck by the powerlessness of therapeutics in presence of those attacks of dyspnœa which render the last moments of these unfortunates so painful.

Struck with this fact, Dr. F. has made numerous experiments with narcotic injections upon patients under his charge, which he details at some length in *Le Mouvement Médical*, May 22. His conclusions are as follows:

1. The mixed injection (equal parts solution of muriate of morphia 1-30 and sulphate of atropia 1-100) presents all the advantages of the injection of sulphate of atropia, without its inconveniences.

2. Six drops of the mixed injection give, as against suffocation, as good results as fifteen drops of solution of muriate of morphia.

3. As after the employment of either the morphia or the atropia alone, there is a diminution in the number of respiratory movements, in the temperature, and in the pulse. X.

THE EFFECT OF REPEATED VENESECTION UPON THE GASES OF THE BLOOD.—The following are the results of a series of experiments instituted to determine the influence of the velocity and quantity of blood upon animal combustion, by Dr. Dittmar Finkler (*Archiv für Physiologie*).

With the increasing loss of blood the oxygen of the venous blood decreases in a manner that is surprisingly rapid; whilst the carbonic acid shows only an unimportant rise.

The consumption of oxygen is absolutely independent within certain limits of the velocity of the blood-current; this law seems also applicable to the formation of carbonic acid.

A result of great interest from his experiments was that after a venesection amounting to one-third of the

whole quantity of blood, no diminution whatever of the consumption of oxygen took place; and the formation of carbonic acid was apparently just as little affected, at least in the course of the next hour after the experiment. This is renewed and unmistakable evidence, in conformity with Pflüger's law, that the consumers of oxygen are to be looked for in the tissues. W.

PHYSIOLOGICAL STUDIES ON A PATIENT WITH ARTIFICIAL ANUS (Démarey: *Centralblatt für Chirurgie*, No. 14, 1875).—The patient upon whom these investigations relative to the course of the contents of the intestine were made was a man aged 63 years, in whom an artificial anus opening into the lower part of the small intestine had been established by the sloughing of a strangulated hernia.

When the patient suffered no digestive derangement, a tolerably long time elapsed before the altered food, which was colored with subnitrate of bismuth, made its appearance at the fistulous opening; if, however, there was any irritation of the digestive tract, the altered food was seen at the orifice in twenty minutes.

For the purpose of testing the rapidity of absorption of the mucous membrane of the intestine, one hundred grammes of mucilage containing one gramme of iodine were introduced into the intestine through the fistula. A catheter was passed into the bladder, and after eight minutes both the urine and the saliva were found upon testing to contain iodine. If the solution of iodine was introduced into the stomach, forty minutes elapsed before a characteristic reaction was obtained from the urine; if into the rectum, twenty-five minutes. After an injection into the connective tissue, iodine was found in the saliva in twenty minutes, and in forty in the urine. Démarey concludes that the cause of the more rapid absorption from the intestine must be sought in the epithelium, and not in the venous system, since this latter is more plentifully developed in the stomach. W. A.

FRacture OF THE PELVIS, WITH RUPTURE OF THE BLADDER, AND DIAPHRAGMATIC HERNIA OF THE LIVER (G. Jüdel: *Centralblatt für Chirurgie*, No. 14, 1875).—A laborer, aged 35 years, fractured his pelvis by a fall from a great height, and this injury was followed immediately by paralysis of the sphincter ani, and later by that of the sphincter vesicæ. A large bed-sore healed, as did also a perforation of the bladder, and six months after the injury the patient died of repeated attacks of erysipelas.

At the post-mortem examination it was found that there had been a longitudinal fracture of the sacrum, which passed through all the sacral foramina of the right side and extended into the coccyx, which had united with considerable displacement of the fragments. There had also been fractures of the transverse processes of the lumbar vertebrae from the second to the fifth, which had also united; a comminuted fracture of the ascending ramus of the right pubis, and a simple fracture of the descending ramus of the same bone. There was also a diaphragmatic hernia of the liver. W. A.

PUNCTURE OF STRANGULATED HERNIA (Ollivier: *Centralblatt für Chirurgie*, No. 22, 1875).—A man aged 64 years had an inguinal hernia, which had been strangulated for twenty-four hours, and taxis under chloroform had proved unavailing for the reduction of the tumor. Forty-eight hours after the first symptoms of incarceration a puncture was made, followed by the evacuation of a quantity of brownish serum. The ordinary operation for strangulated hernia was then performed, the gut replaced, and death resulted eight hours later.

The patient in a second case was a woman aged 65 years, who had a large umbilical hernia, which had

been strangulated some hours. Chloroform was not used in her case, owing to the presence of some cardiac lesion. A trocar was thrust into the tumor, and a wine-glassful of serum evacuated, when the hernia was reduced by taxis and the patient made a speedy recovery.

The puncture, to be of use, must be made a short time after the constriction of the intestine occurs, while the elasticity of the coats of the gut still exists; so that, by their contraction upon themselves, the opening made by the trocar may be closed. W. A.

A CASE OF ALMOST ENTIRE ABSENCE OF THE CLAVICLES (O. Kappeler: *Centralblatt für Chirurgie*, No. 22, 1875).—The examination of a girl of 16, who was of small stature but otherwise well developed, showed that both clavicles were almost entirely wanting. On the right side of the sternum there was a rudimentary bone one and one-half centimetres in length, and on the left side one of four centimetres. The patient was able to draw the shoulders so near together that there were but nine centimetres between the heads of the two humeri.

The sterno-cleido-mastoid muscle of one side was absent; but it is of interest to observe that there was no disturbance of function; the patient, for instance, could readily support the trunk upon her hands. W. A.

THERAPEUTIC NOTES.

GASTRALGIA.—M. Gaillard employs the following formula with success against the element of pain as occurring in dyspeptic gastralgia. He designates it by the name of "white drops."

R Aquæ laurocerasi, f3iiss;
Morphiæ acetat., gr. iss.

One or two drops are to be taken on a lump of sugar after meals.

IODOFORM CRAYONS.—The following crayons are recommended by Dr. Leblond in superficial ulcerations of the cervix; they are introduced and kept in position with the aid of cotton wadding and a tampon.

R Pulv. iodoform., 3iiss;
Acaciæ pulv., gr. viii;
Mucilaginis, q. s.

Ft. in pil. mas.

Divide into ten cylinders of equal size, about one and a third inches in length, and dry in the air for twenty-four hours. These cylinders are hard and resistant, and may be divided easily into fragments of any desired length. They should be kept in the dark.

ANTI-SCROFULOUS SYRUP.—

R Potass. iodid., 3i;
Tinct. iodinii, 3j;
Syrupi gentianæ,
Syrupi quiniæ, aa f3ii.—M.

One or two dessertspoonfuls a day in scrofulous cases, combined with cod-liver oil, etc.

ANTI-BLENNORRAGIC POTION.—

R Tinct. hyoscyami, f3ss;
Acid. benzoic., gr. xv;
Mucilaginis, f3iv.—M.

The potion to be taken in the course of twenty-four hours by patients in whom it is too late to have recourse to the abortive treatment, and where, although the discharge is decidedly purulent and micturition painful, it is too soon to employ balsams. Cooling drinks are to be prescribed at the same time, and also injections of pure water frequently repeated. After some days of this treatment the pain ceases, and it is then proper to begin the administration of copaiba and cubebs.

PHILADELPHIA MEDICAL TIMES.

A WEEKLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

The Philadelphia Medical Times is an independent journal, devoted to no ends or interests whatever but those common to all who cultivate the science of medicine. Its columns are open to all those who wish to express their views on any subject coming within its legitimate sphere.

We invite contributions, reports of cases, notes and queries, medical news, and whatever may tend to increase the value of our pages.

All communications must bear the name of the sender (whether the name is to be published or not), and should be addressed to Editor Philadelphia Medical Times, care of the Publishers.

PUBLISHED EVERY SATURDAY BY

J. B. LIPPINCOTT & CO.,

715 and 717 Market St., Philadelphia, and 25 Bond St., New York.

SATURDAY, JUNE 26, 1875.

EDITORIAL.

SOME OF THE ATTRACTIONS OF OUR PROFESSION.

SOME years since, when, by invitation from our Board of Health, the smallpox visited us, a certain fashionable parish rang with the praises of a no less fashionable clergyman, because he visited those whom the pestilence had seized. No one ever thought of the doctors, and, indeed, the doctors never thought of themselves, but took, as they always do, the exposure as a matter of course. The members of the profession who have fallen at the post of duty in typhus-wards, in cholera-hospitals, and in pest-stricken cities, as well as amid the clash of battle, are now legion. It is not, however, to chant a pæan to their valor that we desire to-day. We want only to call attention to some lesser dangers in the path of the profession, and to one danger that to some may seem greater than all. There is something worse than death, and such a thing seems to us to be sent, though innocent, shipwrecked in health and an outcast into the world with the brand of sin and licentiousness upon the forehead. Recently the English journals have been a good deal occupied with the discussion of the infection of doctors by syphilitic patients, and some very sad cases related,—one, especially, in which a highly-educated, brilliant, and most correct man became a wanderer, and almost a Pariah, through the action of a virulent infection upon body and mind.

Cases of this character are not so rare as some imagine. A prominent surgeon said, not long

since, in our hearing, that he had seen three within a short time. Quite recently, in London, a surgeon contracted a primary sore on the finger, and, before he suspected its character, he inoculated a patient, who instituted a civil suit. By a strange perversion of justice, the unfortunate doctor was mulcted in heavy damages. As the danger of infection is so real, the suggestion of one of the London journals that physicians when called to doubtful cases of obstetrics should protect their fingers by fine india-rubber stalls seems worthy of attention.

THE annoyance, and sometimes the loss, by malpractice suits has been sufficiently exemplified from time to time in this country, but it has been reserved for the Lincoln Assizes of England to invent the last means of "torture to a medical man." A Dr. Wood has been put on trial for manslaughter because, forsooth, he did not stay long enough, or administer sufficient brandy to a woman, who, apparently through no fault of his, and unknown to him, was doomed to die when he left her. The doctor was summoned hastily to a Mrs. White, found her suffering from uterine hemorrhage, and delivered her without delay. The woman seemed exhausted, but bore the delivery well, and ten minutes after the doctor left. It appears to be acknowledged that up to his leaving his procedures were proper and were skilfully performed. But the woman sank, and died three hours afterwards. At the post-mortem a uterine rupture was found. It had not given rise during life to any symptoms, or at least certainly had not been suspected. Nevertheless, for leaving, probably under the press of other engagements, ten minutes after the completion of delivery, Dr. Wood may yet serve out his term of years with the common convicts, and go out finally an utterly ruined, broken man. Who would not be a doctor?

NEW JERSEY STATE MEDICAL SOCIETY.

IT may not be known to all of our readers that this Association is the oldest in the United States, the first session having been held at New Brunswick, July 20, 1766, and Dr. McKean elected President. During the Revolutionary War there was a break in the otherwise continuous chain of annual sessions since 1766. The Society was reorganized, or rather revived, in 1781, the same year in which the Massachusetts Medical Society came into being. There was a medical society in this city in 1768, but the oldest association now existent is the College of Physicians, which was founded in 1787. Our State Society was not established until 1848.

No charity appeals more forcibly to the fathers and mothers of little ones than does the Children's Sea-Shore House, with whose objects all our readers are, without doubt, well acquainted. Under the management of Mr. J. S. Whitney, the institution is steadily increasing in usefulness, and during the summer of 1874 afforded the benefits of cool, salt air, with proper attendance and nourishment, to one hundred and eighty children, who would otherwise have languished, and many of them perished, in our by-ways. But what is this among so many? That it may be more, will not our readers call the attention of their rich clients, when leaving for the seashore, to this most serviceable of charities?

THE *Irish Hospital Gazette* thinks "it is quite time that those who have the education of the male human animal should by some means drive or hammer it into his dense moral consciousness that his procreative power was not given him solely as a means of amusement, and that women have other functions besides that of ministering to this often morbidly excited appetite." We agree perfectly with this, and also with the sentiment that "the rights of the husband," so called, are often in truth the wrongs of the wife. But then the hammer of Thor would be required to drive this into the head of the ordinary male animal of the species homo.

DR. GEORGE H. BIXBY, of Boston, respectfully solicits from members of the profession in the United States who have performed ovariectomy their experience in brief in regard to pregnancy subsequent to that operation. Answers to the following questions will be gratefully received and duly acknowledged:

Number of cases,	Adhesions,
Age,	Treatment of pedicle,
Social state,	Number of births,
Previous births,	Nature of births,
	Subsequent history.

Address 143 Boylston Street, Boston, Massachusetts.

THERE appears to be some reason for the practice of cremation in the West. Apparently owing to the great scarcity of land, in some places the dead seem to be crowding out—or rather in—the living. In Grand Rapids, according to Prof. Kedzie, a certain street was plague-haunted, and, on investigating the cause, the soil was found to be gravelly and porous, and the wells within twenty feet of the graves. Evidently the families had been drinking the "drippings of death." A case of cannibalism in disguise.

LEADING ARTICLE.

JABORANDI: ITS PHYSIOLOGICAL ACTION.

THIS drug has been employed for a long time in South America, and received its first notice, under the various names of *Jaborandi*, *Jaguarandy*, and *Janguarandi*, from Dr. T. J. H. Langgard in his "Diccionario de Medicina domestica," Rio Janeiro, 1865. It attracted no attention, however, until 1874, when it was brought to Paris by M. Coutinho. Its botanical source is not known, but is believed to be *Pilocarpus pinnatus*,—a member of the rue family. The leaves are oval, elongated, entire, 1.2 to 1.5 inches long, and one-third to one-fourth as broad; their taste is bitter, their odor hay-like. Rabuteau (*L'Union Méd.*, 1874) failed to find in them an alkaloid, and believes that their activity depends upon a bitter principle. Dr. Frerichs asserts (*Berlin. Klin. Woch.*, May, 1875) that the virtues reside solely in the bark and leaves.

When an infusion of from sixty to ninety grains of jaborandi is given to an adult, in about ten minutes the face and neck become deeply flushed, and free perspiration and salivation commence. The sweating and salivation are excessively profuse, and last from three to five hours. There is not rarely nausea, and sometimes even vomiting. After the sweating has ceased, the patient is left more or less exhausted. The nasal and lachrymal secretions are also, at least sometimes, increased under the action of the drug, and M. Gubler has noted diarrhœa, which in the experiments of Ringer and others has not been present.

These effects of jaborandi are in the adult quite constant, although, occasionally, subjects have been found who were not susceptible to the action of the drug, and, very curiously, in Dr. Ringer's experiments children were found to be very unsuspceptible, although doses of sixty grains were employed.

Sometimes the salivation is more profuse than the sweating (*Férrol, Jour. de Thérap.*, January, 1875), and very frequently it commences before the sweating. During it the mouth is warm, and there is often a feeling of tenseness about the maxillary glands; the saliva contains abundance of salts and of ptalyne, as well as a small excess above normal of urea (*Jour. de Thérap.*, vol. iii.). The free salivary secretion appears to be due to a direct action upon the gland or its nerve-peripheries. According to I. N. Langley (*British Med. Jour.*, p. 247), in the frog the mouth and skin, after the exhibition of jaborandi, become covered with a viscid secretion, and in the dog and rabbit there is profuse salivation. In the experiments both of Langley and M. Carville (*Jour. de Thérap.*, January, 1875), section of the chorda tympani high up or low down after it has joined the lingual nerves did not affect the action of the drug. Further, in another of M. Carville's experiments, the lingual and pneumogastric nerves and the upper sympathetic cervical ganglia having all been cut or destroyed, jaborandi still produced free salivation.

Evidently the drug acts either upon the glandular tissue or upon the nerve-endings within the gland. As an injection of atropia immediately arrested the secretion in the experiment last mentioned, it appears probable that the drug influences the peripheries of the nerves. The sweat produced by jaborandi is often enormous in quantity (nine to fifteen ounces by estimation). It is stated to be at first acid, then neutral, and, finally, often clearly alkaline. In the analyses of M. Robin the chlorides were found in excess, the carbonates and phosphates in very minute amount, and the urea in more than five times its normal proportion, the amount eliminated in the sweating being estimated at from ten to fifteen grains. MM. Hardy and Ball believed that in their experiments the average amount of urea eliminated by the skin was seventeen grains (*Jour. de Thérap.*, 1874). The urine appears not to be usually acted upon. Hardy and Ball state that urea is diminished, but neither their experiments nor those of others are yet sufficient to determine what is the general effect of the drug upon the elimination of urea. M. Gubler states that when jaborandi is given in small repeated doses it acts as a diuretic.

M. Robin affirms that before and during the early stages of the sweating from jaborandi the temperature rises 1° to 2° Fahr., but afterwards falls as much below the normal point, and remains depressed for one or two days. In Ringer's experiments (*The Lancet*, vol. i. p. 157, 1873) the primary rise of temperature occurred only once, and the fall, which was always present, was not persistent, the bodily heat recovering itself in a few hours.

In the experiments of F. Riegel (*Berliner Klinische Wochenschrift*, 1875, p. 86) the rise of temperature was either altogether absent or was very trifling, so that at the farthest the primary increase of the bodily heat can be looked upon only as an occasional and non-essential feature of the action of the drug.

The only study of the action of the drug upon the circulation as yet published is that of Mr. Langley. He found that in both the rabbit and the dog the injection of jaborandi into the jugular vein produced an immediate fall of the pulse. This fall was probably due to stimulation of the inhibitory nerves, since in the frog the drug produced cardiac arrest in diastole, which, when atropia was injected, immediately disappeared, the heart-action at once recommencing. Mr. Langley believed that he could see in the frog's web dilatation of the arteries follow the injection of the drug. In a rabbit in which the sympathetic had been destroyed upon one side, intravenous injection of the remedy was followed by contraction of the vessels on that side only. These experiments are not entitled to much weight; and as Dr. Langley found that the arterial pressure is not materially affected, being only slightly lowered, it seems most probable that the drug exerts no action on the vaso-motor nerves; but further investigations are necessary to determine this.

During the constitutional action of jaborandi, contraction of the pupil and some disturbance of vision have been noted by several observers. The local action

of the drug upon the organ has been especially investigated by Mr. John Tweedy (*The Lancet*, 1875, vol. i. p. 159). He found that when applied to the eye jaborandi contracts the pupil, produces impairment of vision by benumbing the retina, and also causes tension of the accommodative apparatus, with approximation of the nearest and farthest points of distinct vision.

In man,* muscular tremblings have been observed several times during the action of jaborandi, and Mr. Langley found that in the frog it induces violent convulsions, without affecting perceptibly the irritability of the nerves or muscles. As the convulsions were not influenced by excision of the brain, but were arrested by destruction of the cord, they are probably spinal in origin.

It is asserted that jaborandi and atropia are antagonistic (*Berliner Klinische Wochenschrift*, May 3, 1875.)

CORRESPONDENCE.

NEW YORK, June 5, 1875.

SATURDAY afternoon is Prof. Thomas's time for operations at the Woman's Hospital. To give your readers some idea of his methods of treatment, I shall make the first part of my letter really a clinical report.

1. *Cauliflower excrescence on the cervix uteri.*—This was supposed to be of malignant character; but at all events Dr. Thomas deemed it good surgery to remove the entire cervix, and this was accomplished with remarkable facility by means of the galvano-cautery.

The battery he used was the zinc and carbon one of Dr. Byrne, of Brooklyn, in which the fluid (the bichromate of potassium and sulphuric acid solution) is kept in motion by a current of air forced into it from an india-rubber hand-bulb as often as necessary. A Sims speculum having been introduced, the uterus was dragged well down towards the ostium vaginæ, and the cervix secured by the teeth of a strong pair of grapple-forceps, whose square shoulders also prevented the platinum wire of the instrument from slipping off. After the wire was adjusted, it took just five minutes to cut through the uterine tissues, and there was not a drop of hemorrhage. In place of the cervix there was now a cup-shaped depression, with a clean-cut surface. Every portion of the growth had been completely removed. The mucous membrane of the vagina was slightly burned during the operation by reflected heat, but the injury was trifling, and the insertion of a roll of cotton saturated with glycerin, which would be useful as a soothing dressing, as well as to keep the vaginal surfaces separated, was the only after-treatment required.

Dr. Thomas said he would never think of operating in any other way in these cases, as furious hemorrhage, often endangering the life of the patient, generally results from other methods. He has performed the operation with the galvano-cautery over one hundred times, and never met with the slightest bad result, except in one case, when pelvic abscess followed. This

could not be attributed to the method, however, but might result from any form of operation.

2. *Menorrhagia*.—This was of long standing, and supposed to be due to granular excrescences on the lining mucous membrane of the uterus. As the patient was a single woman, a sponge-tent had been introduced the day before; but this is seldom necessary in those who have borne children. The tent removed, Dr. Thomas introduced his curette, which consists of a simple loop of copper wire, which can be readily bent in any direction, and soon confirmed the diagnosis by exhibiting some of the characteristic granulations, or fungoid growths, which are such a frequent cause of menorrhagia. He then scraped lightly, but carefully, the whole internal surface of the uterus, bringing away a considerable number of these; and the operation was completed. This procedure has been decried as dangerous and barbarous in the extreme (in fact, entirely beyond the bounds of legitimacy); but Dr. Thomas has found in it a remarkably simple means of completely curing an exceedingly numerous and distressing class of cases, and one which is entirely safe when used with proper precautions. He has employed it an innumerable number of times, and never met with the slightest accident, except in two cases. In one considerable hemorrhage, and in the other dangerous peritonitis, resulted. In the latter case, however, he used Sims's steel instrument,—which he considers dangerous, unless employed with great caution.

Not a month passes in which the curette is not applied at least once at his clinic at the College of Physicians and Surgeons, and, though the patients are obliged to return to their homes afterwards, the results are always most gratifying. Occasionally it is necessary to repeat the little operation. The condition of the uterine mucous membrane thus treated is very rare in unmarried females; resulting, as a rule, from abortion or normal parturition.

3. *Retroversion complicated by a fibroid in the posterior wall of the uterus*.—This fibroid feels precisely like one of the ovaries to the touch, but that it is not is proved by the fact that it is firmly attached to the uterus, moving whenever the latter is moved. Nearly all the different kinds of uterine displacements are amenable to treatment by some of the various forms of pessaries now in use; but three conditions may complicate a retroversion or retroflexion, any one of which may completely baffle all our efforts to retain the uterus in position. These are, first, the presence of a fibroid; second, old retro-uterine peritonitis; third, the absence of a cervix. In the present instance Dr. Thomas had the patient completely etherized, and then, inserting two fingers into the vagina, he pressed up the fundus till the organ was completely restored to position, as shown by the sound. Had he not succeeded in doing this completely by this manoeuvre, he would have accomplished it by the use of the uterine repositor. He then introduced his own retroversion pessary, but expressed considerable doubt as to whether the patient would be able to tolerate it, on account of the presence of the fibroid.

In introducing pessaries, Dr. Thomas always keeps a Sims speculum in the vagina; as the instrument can be thus slipped up into place much more easily and accurately by the operator, and with much less pain and annoyance to the patient. Dr. Cutter, of Boston, was present on this occasion, and Prof. Thomas complimented him highly on the great efficiency of his improved pessaries. Dr. Cutter then spoke of the interesting investigations in the treatment of fibroids by electrolysis, which he and Dr. Kimball, of Lowell, have recently been making. They have now operated in forty or forty-five cases, often with the result of completely removing the tumor (even when of the size of a man's head), and, when this could not be done, of completely arresting its further growth. One death has occurred; but, as it took place some time after the operation, and no post-mortem could be obtained, it is questionable whether it should be attributed entirely to that. They use a battery, the surface of whose plates amounts to sixteen and a half square feet. The electrolysis is performed by corrugated needles piercing through the abdominal walls into the fibroid, and the effect produced is often so powerful as to occasion temporary syncope. We believe the idea was suggested to Dr. Cutter by General Kilpatrick's case, where a tumor was completely gotten rid of in this way by Dr. Lincoln, now of this city. Dr. Thomas was so impressed with the importance of these investigations that he promised Dr. Cutter to come on to Boston to witness the operation as soon as he could get three or four suitable cases together.

A great outcry having lately been raised in some of the public prints against the unwholesomeness of the material used for filling in the Harlem Flats (a section of the city known for a long time back as simply a pestilential swamp), a committee of the Police Surgeons visited the locality, at the request of the Board of Police Commissioners, for the purpose of investigating the matter; who reported that the filling was conducted in accordance with the principles of sanitary science, and that 95 per cent. of the material used consisted of ashes and street-sweepings; only 2 or 3 per cent. being composed of garbage or dead vegetable matter. From the directly contrary testimony of many clergymen and other intelligent residents of the neighborhood, as well as of several physicians of excellent standing, whose families are not only annoyed by the disgusting odors constantly arising from the filled-in district, but actually suffering from the disease engendered by it, and especially when we remember that this filling-in is done by parties who receive their contracts directly from the Police Department, and that each of these surgeons receives a considerable annual salary from the same department, one can hardly resist the unwelcome conclusion that this belongs without doubt to the order of "white-washing" reports.

One of the surgeons who signed the report having stated that it was not strictly in accordance with the truth, he was summoned before the Board of Police Commissioners to explain why he did so under the cir-

cumstances, when he said that the report was made out by Dr. Henry, President of the Board of Surgeons, and no opportunity was given the other members for discussing it, but that he signed it for the sake of preventing ill feeling on the part of his fellows.

That the Police Commissioners themselves are not altogether satisfied with the report is shown by the fact that they have requested a statement of the official opinion of the Board of Health in regard to the condition of the Harlem Flats. The matter was referred to the Sanitary Committee, who will make their report at an early date. At the last meeting of the Board of Police Commissioners it was resolved that the street-refuse should, unless approved by the Board of Health as suitable for filling in sunken lots, be taken to sea and discharged there, or otherwise disposed of outside of the city limits.

Smallpox has been increasing here somewhat of late, the number of cases for the last three weeks being 97, 111, and 117 respectively; and the Board of Health have appointed an additional corps of vaccinators in consequence, to serve for one month.

The demand for seats for the performance at the Academy of Music in aid of the Central Dispensary became so enormous that the managers announced that seats would be sold for the orchestra; but, this also proving an insufficient accommodation, they requested Mr. Rignold to give a *matinée* performance in addition. To this he readily consented; and there is no doubt that the Academy will be crowded to its utmost capacity, both afternoon and evening.

Dr. Mary Putnam Jacobi has recently received from Paris the bronze medal, awarded three years ago by the Academy of Medicine, for her graduating thesis. This gives her a rank of from fifth to eighth in a class of three hundred; gold medals being given to the first and bronze medals to the second four. This lady seems to have evinced an early taste for the study of medicine, for we learn from good authority that when about eight years of age she came in from the back yard one day and requested a knife. "What do you want it for?" asked her mother. "I have found a dead toad," she replied, "and I want to investigate his circulation."

PERTINAX.

135 SOUTH FIFTEENTH STREET, PHILADA., June 17, 1875.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

DEAR DOCTOR,—In your article on salicylic acid, in the last number of the *Times*, you have quite misrepresented a statement of mine at the Pennsylvania Hospital of having cured a case of favus by a saturated solution of the acid. It was by a saturated tincture, or, if you choose, by a saturated *alcoholic solution*. This, you can readily see, will be of importance to any one following my trial of it. The acid's want of solubility in water has long been practically known at the Hospital. I have myself since the 1st of February been using the aqueous solution only as a final wash on stumps and wounds prior to closing them. I have used the acid in collodion (5 grs. to 3j), to destroy the burn-

ing and irritating effects which have heretofore rendered that article almost useless in surgery. I have used such collodion by strips of tarlatan gauze, and got most perfect coaptation of wounds and complete union when the part has been thoroughly enveloped with cotton wadding impregnated with the acid and applied according to Prof. Guérin's method,—*i.e.*, for a considerable distance around the injured part. In this way I have had direct union of compound fractures of the head, face, arms, and legs, and of stumps of the phalanges and fore-arm. In all such dressings torsion was the means of arresting hemorrhage employed.

The impregnation of the cotton was made from the saturated tincture by means of an atomizer. I have frequently seen most satisfactory results from the collodion charged with the acid in erysipelas and chronic eczema, applied as iodine used to be in the former of these complaints. My experience with it will suggest its having a fair trial in a thousand different ways.

Very truly,

ADDINELL HEWSON.

PROCEEDINGS OF SOCIETIES.

COLLEGE OF PHYSICIANS OF PHILADELPHIA.

DECEMBER 2, 1874.

DR. ALBERT H. SMITH read a paper on "Quinia as a Stimulant to the Pregnant Uterus." The author stated that his views were founded upon an extensive and careful trial of the remedy upon the pregnant uterus. As to its effects upon the organ in a quiescent state, he had only been able to make observations incidentally, but thought his experience was sufficient to establish the fact that quinia has no power in itself to excite uterine contractions. He had at times had under care pregnant women, with diseases of malarial origin, in whom quinia sulphate in doses varying from twelve to twenty grains in the twenty-four hours had not disturbed the uterus; still further, in cases in which, with the symptoms of malarial poisoning, the pregnant uterus had already become disturbed, where there were pelvic distress, tenesmus, and sacro-lumbar pain of a paroxysmal character, quinia in large doses had not only relieved the constitutional symptoms, but also quieted the local pains.

As to the effect of quinia upon contractions of the uterus developed prematurely, from accidental causes, in abortions or early deliveries, Dr. Smith's observations have been limited; but in five cases he had administered fifteen grains of the sulphate, after the process had advanced beyond the possibility of arrest and the pains were recurring with regularity, and in none of these instances was there any perceptible increase in the frequency or efficiency of the contractions, or, when there was hemorrhage, any lessening of the flow.

When the uterus is in normal labor at full period of gestation, then quinia plays an active part in aiding parturition. For a number of years Dr. Smith has been in the habit of using quinia occasionally in cases of marked inertia during the stage of dilatation, in combination with other remedies, such as the administration of diffusible stimulants or hot drinks, abdominal friction, or any other means that might suggest itself in preference to the use of ergot, which he had long pro-

scribed on account of its dangerous influences upon the child, its occasional fearful risk to the mother, and its annoying uncertainty of action.

For a few months past, he had been experimenting with sulphate of quinia as a promoter of normal labor from the onset of the process, and had come to the following settled conclusions: quinia increases the activity of the normal uterine contractions; the pains becoming more frequent and more intense, the expulsive power being greater, while the yielding of the circular fibres of the os is more prompt; the contractions maintaining their proper intermittent character, the relaxation and rest in the interval being complete; showing in this respect an entirely different action from the continuous spasmodic contraction caused by ergot. The efficiency of the contraction may be judged of from the fact that in the thirty-two cases having no obstruction, although many were primiparæ, and a larger than usual proportion occipito-posterior positions, the average duration of active labor after the quinia was administered was about one hour. In a considerable number of the cases included Dr. Smith had in several previous labors required to use forceps to combat inertia in the second stage.

Quinia promotes permanent tonic contraction of the uterus, after the expulsion of the placenta. Several of the patients had had flooding under his care previously, some of them habitually, and some stated that they always had a profuse and weakening flow in all their other labors. In the whole forty-two cases Dr. Smith had not one case of flooding, and, as a rule, the uterus contracted firmly after the second stage was completed, and showed no tendency to relax afterwards.

It diminishes the lochial discharge to a normal standard; many of the patients expressed surprise at the small amount of flow during the twenty-four hours following labor. Its use is followed by less after-pains than usual in a majority of cases. It reduces the frequency of the mother's pulse, and relieves the nervous demoralization so often seen in the first stage of labor.

Given during parturition, it never disturbs the brain or causes its usual unpleasant effects, even in patients who at other times are very susceptible to its influence. Although the dose has been uniformly fifteen grains, in only one case was the slightest sensation of cinchonism manifest, and that lasting only a moment, in a lady who knew what she had taken, and was, perhaps, quite prepared to feel it.

Although fully persuaded of the value of quinia in parturition, Dr. Smith believes that it has no inherent property of stimulating the gravid uterus to contraction; being inert as to any effect upon the womb in a quiescent state, and having no decided action in accidental labors at any period of gestation. That to its property as a general stimulant and promoter of vital energy and functional activity, and to that alone, is due its influence upon the uterus in normal parturition; producing then no action peculiar to itself, but merely increasing the power of the uterus to expel its contents by its own natural method, converting what is a defective or even pathological action into a simple physiological process. That by availing ourselves of this power we may by administering full doses of the sulphate of quinia at the onset of labor favor the rapid and safe termination of what might otherwise be a tedious and exhausting work.

ZIEMSEN'S CYCLOPEDIA OF MEDICINE.—On page 290 of vol. iii., second text line from the bottom, the word "ounces" should read "drachms." As the error might lead to serious consequences, we would thank our exchanges to give publicity to this notice.—*N. Y. Medical Record.*

REVIEWS AND BOOK NOTICES.

A MEDICAL VOCABULARY. By R. G. MAYNE, M.D., LL.D., and J. MAYNE, M.D., F.R.C.S. Edin, L.S.A. Fourth Edition, Revised and Enlarged. Philadelphia, Lindsay & Blakiston, 1875.

This little work is one of the most convenient and reliable medical vocabularies which has been given to the profession.

The definitions sometimes lack clearness, from their exceeding brevity and terseness; but this is largely compensated for by the fulness and accuracy with which the derivation of each word is given, and by the unusual number of words belonging to the collateral sciences which this condensation has enabled the editors to introduce.

SELECTIONS.

A REMARKABLE CASE OF CATALEPSY AT THE COCHIN HOSPITAL, PARIS.—The case of catalepsy which has been under observation at this hospital, and which has been attended with sufficient publicity to allow the most satisfactory verification, cannot fail to afford interesting matter for thought to the physician as well as to the philosopher and historian. There is here no question of those facts which mysticism, fanaticism, or credulity have often shrouded in mystery by attributing to them a miraculous or supernatural aspect, turned to profit according to the requirements of the moment: here there is only question of a pathological fact of an exclusively scientific nature. A patient, Marie Lecomte, who had come into Dr. Despres's wards for a surgical affection, was soon afterwards attacked with dysmenorrhœa and uncontrollable vomitings; these complications were followed by nervous aphonia and suppression of the urinary excretion, then supplementary derivation of urine by vomitings. At the beginning of April the urinary function, which had long been suspended, was re-established, when on April 5 the patient fell into a lethargy; her breathing was imperceptible, her lips were pink, and her complexion rather roseate than pale. The trunk and limbs were in a complete state of relaxation; the pulse was normal; involuntary motion was quite abolished; the finger, placed through the half-opened mouth on the glottis, the most sensitive point in the whole animal economy, provoked neither cough nor any other movement. M. Despres, therefore, ordered that no food whatever should be given to the patient, even with the canula used to feed paralytic patients, for fear that any attempts at giving nourishment should produce asphyxia. On April 6 the whole of the patient's muscles were tense and hard; they were contracted. It was cadaveric rigidity, minus death, for the pulse registered seventy pulsations, and the temperature of the body, taken with a thermometer placed under the armpits, measured 100.4° Fahr. At this time the patient was cataleptic, and the lethargy continued. This condition lasted six days, during which the patient remained apparently dead and took no nourishment. During this attack the facts observed were, in the first place, muscular rigidity. The limbs were in a state of extension; the arms fixed tightly to the body gave the patient a resemblance to a mummy; it was necessary to use force to change the position of a limb. The limbs, hands, and fingers remained for many hours in the very fantastic positions in which they were placed, and then gradually returned by jerks to the position whence they had been removed, and so remained in the same previous state of contraction. There was not the slightest relaxation of the muscular

contraction. The patient was seen every hour of the day and night, and her condition was always the same. Many attempts were made to awaken the patient, such as pricking the most sensitive points, introducing rigid stems into the nostrils; but nothing had any effect, and the physicians who used these means were convinced that the abolition of the reflex movements was a certain fact.

M. Desprès again tried an experiment, tending to show that the muscular contraction was involuntary, as a conclusive proof. The muscles of the abdomen contracted like those of the rest of the body, and retained the form imparted to them. By forcibly applying the hand to the abdomen, the muscles were depressed, and the imprint of the hand remained visible during three minutes at least. These muscles remained contracted in the position imparted to them, a thing which could never be obtained by the effort of the will under any circumstances. On the seventh day of the crisis, the patient murmured some words, and asked for something to drink; she drank a small quantity of coffee and broth, which she partly vomited some hours after. On the eighth day the patient fell back again into the cataleptic condition, the fresh crisis lasting forty hours. On the twelfth day there was a fresh partial awakening. The patient called her neighbors, the house-surgeon, and the sister of the ward, without recognizing the persons she called and without answering the questions addressed to her; she drank some more broth and coffee, which she vomited the next day. She had a relapse on the thirteenth day, with catalepsy and lethargy, lasting sixteen hours. On the fourteenth day there was partial awakening; then catalepsy, lasting about eight hours in the night. In the intervals of the crisis the patient drank broth and coffee; but, as she afterwards vomited a portion of what she had taken, the abstinence had markedly emaciated her, and the small pulse, marking 100, showed that want of food was producing its usual effects. From that time the cataleptic crisis ceased. The patient remained in a state of dreamy wakefulness,—that is to say, of somnambulism. She did not recognize any one, but was yet able to take drink, and specially coffee and milk. On the seventeenth day a fresh symptom made its appearance. The patient during her dream had complained of not being able to see, and believed herself to be blind. As a matter of fact, a shining object placed before her eyes, and even the light of day, did not seem to be perceived by her. By automatic movements, against which all efforts were useless, she got her fingers to her eyes, and rubbed them with a sort of febrile excitement to such an extent that it was found necessary to tie her hands. Finally, her sight returned to her on the eighteenth day; she recognized some people in the ward, and was able to take liquid food in a regular way. On the twenty-fifth day the patient did not vomit any more, but retained the nourishment she took; she was entirely convalescent, and only complained of pains in her limbs, which she compared to those caused by fatigue. On the thirtieth day she was able to get up, and on May 5 she was entirely cured.

Cases like that which has occurred at the Cochin Hospital are not new, but they have rarely been well observed. The remarkable researches of Professor Lasègue have made known the intermittent catalepsy of hysterical subjects, of ecstatic maniacs, and even of healthy persons. It is a condition which may be provoked at will or which overtakes patients somewhat suddenly; as in the case of the judge quoted by Fehr,* who, having been insulted on the bench, and having risen to reply, remained with outstretched arm and open mouth in a state of catalepsy which lasted more than a quarter of an hour.

The catalepsy complicated with somnambulism of hysterical patients, which appears in crises of an hour or longer, is now thoroughly well known: if it be not simulated, it is at least kept up by the will of the patients, or by a tendency which they could resist if they would. This kind of catalepsy is almost exclusively the melancholy privilege of women and priests.† Cataleptics who have taken advantage of religious superstition, and who have sometimes been encouraged by the Roman Catholic Church, belong to that group of cases in which catalepsy is complicated with somnambulism or ecstasy. Louise Lateau, an account of whom will be found at pp. 128 and 158 of the *Medical Record*, is a cataleptic of this kind. The cataleptic of the Cochin Hospital presents another variety of catalepsy: the attack begins with lethargic coma, and generalized muscular contraction comes on twenty-four hours afterwards. When the patient awakes she is somnambulant. The catalepsy, accompanied by lethargy, lasts six full days, during which there is apparent death. After the awakening there are three relapses, and the disorder only seems to yield bit by bit, after alternations of awakening and lethargy for several days. Here is a case of disorder which is nowadays called neurosis, and connected with the hysterical temperament, in which nothing of the marvellous has been observed. Marie Lecomte is a foundling, four-and-twenty years old, who had never left the Foundling Hospital and the farm where she had been boarded out. A quiet and well-conducted unmarried woman, she had neither exaggerated religious ideas nor vicious habits. Both before and after her attack, during the state of ecstasy and somnambulism which followed the six days of catalepsy, she held no continuous conversation, said no prayer, nor pronounced the name of God; but asked for ice or water to drink, called those of her hospital neighbors whom she knew best; in fact, spoke naturally according to her tastes and habits. As the Paris hospitals, open to every one, are usually given in charge to medical men who are accustomed to sick people and see things from a positive point of view, in accordance with science, no attempt was made to find any supernatural utterances in the words spoken by the patient. The case of Marie Lecomte, which should be published with all its details, becomes a scientific fact, with regard to its authenticity far above the facts reported in the sixteenth, seventeenth, and even eighteenth centuries. At those epochs, in fact, the hysterical cataleptics or insane devotees passed for the elect of God, and the ecstatic or somnambulant cataleptics who did not speak of the Divinity were exorcised and even burned. As regards lethargy and abstinence from food, Marie Lecomte is not the most remarkable type. Some maniacs have remained equally long in the cataleptic and lethargic state; but the relation of the facts is not clear, and it is not recorded if the muscular system was contracted during the whole time the fit seemed to last, as it was with Marie Lecomte during six whole days.

It may not be unadvisable here to reply to a question which may arise in some minds. It is whether, in presence of this state of apparent death, it may not have been possible that ignorant persons may have believed death to be real, and have interred the patient. The answer is easy: the most inexperienced practitioner who might have felt the pulse could not have had one moment's doubt on the subject, and there is ground for believing that if, since the beginning of this century, a cataleptic patient, in a state of lethargy, has been interred alive, the medical man could never have looked at the supposed corpse. This is clearly reassuring, and it may be deduced from the case of

† Rondelet speaks of a priest who fell into ecstatic catalepsy when the history of the Passion was read. (*Methodus Cur. Morb.*, ed. 1583, lib. i. cap. 20.)

* Fehr, *Hiera Picra*, seu de Absinthia, 1667.

Marie Lecomte that, notwithstanding the appearances of death, the signs of life were so decided that the most ignorant of practitioners could not have felt for an instant the slightest doubt as to the vitality of the patient.—*London Medical Record*.

MACEWEN ON PENETRATING WOUNDS OF THORAX AND ABDOMEN TREATED ANTISEPTICALLY.—Dr. William MacEwen (*Glasgow Medical Journal*, January, 1875) gives four cases, all treated in the same way, and all with equally good results.

Case I.—A boy, aged twelve, was stabbed in the back, and only after much and careful probing was a visceral wound found, and then in the lung-substance a piece of the blade of a pocket-knife; this was after some difficulty extracted, and was the means of detecting the assailant by fitting his broken knife. The wound in this, as in other cases, was thoroughly injected with carbolic lotion (one part in forty) and then dressed in the usual way with antiseptic gauze. The probing was in the first instance persevered with, in consequence of a peculiar catching at the throat during breathing. In three weeks the patient was perfectly well.

Case II.—A man, aged forty-six, was stabbed on the left side of the chest, the wound passing into the anterior mediastinum. The heart could be felt by the finger passed into the wound. The treatment was the same, sutures being passed and tightened as soon as bleeding ceased. He was enabled to return to work, well, in less than three weeks.

In remarking on these two cases, Dr. MacEwen points out that the antiseptic treatment enables a careful examination of the wound to be made with the probe or finger in safety, while in the first case a probable source of fatality was removed. This he claims as an advance in the surgery of these cases instead of the ordinary plan of not touching them, and thus "groping in the dark" in the after-treatment.

Case III.—A lad, aged seventeen, was stabbed in the abdomen, a knuckle of uninjured intestine being held between the lips of the wound. The wound was injected, sutures passed and tightened after the bleeding ceased, and lead and opium given internally. In ten days he was well enough to desire to get up, and the wound had healed; but he was kept quiet for three weeks.

Case IV.—A man, aged twenty-eight, with an abdominal wound of three inches, and another of one inch, the former evidently perforating the intestine. The same surgical treatment was adopted, along with morphia suppositories, the bowels being kept quiet for a fortnight. In a month he was well and strong.

[We have seen similar cases treated antiseptically in Edinburgh with equally good results, and think that Dr. MacEwen is right in advocating careful examination with antiseptic precautions, in preference to the usual treatment recommended in the surgical textbooks.—*Rep.*] *London Medical Record*.

GRAS ON MICROSCOPIC EXAMINATION OF BLUE LINES ON THE GUMS SUPPOSED TO BE DUE TO LEAD-POISONING.—*La Revue Médicale* for April 12, 1875, quotes a paper by Dr. Gras on this subject from the *Archives de Médecine Navale*. He insists strongly that the lead-line is no mere deposit of that metal in or on the epithelial cells or connective tissue of the gum. It is due to a transformation of a soluble salt of lead into a sulphide of that metal during the slow circulation of the blood in the very minute capillaries of the gum. He says the demonstration is exceedingly simple, and almost painless. When we are in doubt whether a given blue-line on the gum be due to lead or not, we should excise a fragment of the gum containing the line with a fine sharp scalpel or the point of a lancet, wash it with a camel's-hair pencil, and add a drop of glycerin;

if necessary, flatten it out with needles, and examine it under the microscope with a low power. If the line be due to lead, in the midst of the normal tissues of the gum we shall find capillaries injected, filled and obstructed by blackish granules. These capillaries are in loops, or semicircular, or like double hooks, the outlines varying somewhat according to the section. In very old lead-lines the capillary walls are less evident, and their outlines somewhat indistinct. If a piece of buccal mucous membrane be excised, we should use carmine with glycerin, and a little dilute acetic acid, which shows the mucous papillæ, and the capillary net-work. He suggests that in fatal lead-colic the intestinal capillaries and the nerves of the solar plexus should be examined in the same way for lead. [The Reporter does not know to whom the credit of the suggestion belongs, but it has long since been proposed to examine the lead-line by a simple microscope, or, in other words, a one- or two-inch biconvex lens; when, if in the capillaries, as the true lead-line is, it will be seen clearly to be dotted, and to follow the course of the vessels. It will thus be seldom necessary to remove any of the gum in the living subject; though after death this suggestion of M. Gras may doubtless be of considerable use].—W. BATHURST WOODMAN, M.D., in *Lond. Medical Record*.

TREATMENT OF DISEASE OF THE HEART.—Dr. J. Milner Fothergill, in concluding an article in the *London Lancet* of May 29, says,—

Of preventive measures nothing can be said at present; but of measures palliative or curative the following brief summary may be made:

1. That it is of the utmost importance in the treatment of primary disease of the heart to reduce to a minimum the calls upon that organ. Consequently, light labor alone must be attempted; and rest in bed is often very desirable at the commencement of a course of treatment, as well as at intervals afterwards.

2. Frequently much relief can be afforded when dropsy is present by unloading the distended venous system. Brisk catharsis gives great relief, and does not depress the patient, as might be apprehended.

3. In all cases the heart must be acted upon directly by agents which increase the vigor of the ventricular contractions, of which digitalis is the chief. This agent may be given uninterruptedly for years without any so-called cumulative action, if the cases are properly selected. If given in improper cases, unpleasant consequences may follow its administration.

4. It is also very desirable that the nutrition of the heart be maintained by good food and iron in addition to the means mentioned above. Improvement in the general condition facilitates the action of the special remedies.

By combination of these measures, adapted to the needs of each individual case, much may be done in cases of primary disease of the heart. What are the indications for treatment and the measures to be resorted to in cases of secondary affections of the heart—that is, where the heart-failure is due to some primary ailment standing in a casual relationship to it—will engage our attention on some future occasion.

PLANAT ON PICTROTOXINE AS A REMEDY FOR EPILEPSY (*London Medical Record*, May 26, 1875).—To M. Felix Planat's work on this subject has been awarded one of the premiums under the foundation of the Prix Barbier at the disposal of the Paris Academy of Medicine. M. Planat's researches, as recorded in his *Recherches physiologiques et thérapeutiques sur la Picrotoxine*, have been directed to the endeavor to find some remedy for epilepsy. To this end he proposes, not as a specific, but as a really useful medicine, picrotoxine, the active principle of *cocculus indicus*. He administers it in the following way: *cocculus indicus*, 200

grammes; alcohol, 1000 grammes; allowed to macerate for three weeks. Give two to three drops of the alcoholic tincture, increasing from two drops daily, then diminishing. The treatment should be prolonged for several months, or even a year. According to M. Planat, the anatomical seat of epilepsy is in the spinal marrow; the contraction of the sanguineous capillaries brings on a bulbar ischæmia, and this ischæmia in its turn produces convulsions. The picrotoxine acts on the bulb; it is a convulsant poison: therefore, in accordance with the axiom "similia similibus," it will cure epileptic convulsions.

The commission appointed to adjudge the Barbier prize, however, guarantees neither M. Planat's theory nor his experiments, although he asserts that he has by the administration of picrotoxine brought on convulsions, with foam at the mouth, in a rabbit, a kitten, and in animals of a lower organization, as frogs, crabs, and even snails and slugs. Neither does the commission guarantee the veracity of the numerous cures with which M. Planat credits himself. The Academy, however, has shown its estimation of meritorious work carried on through twelve years, by the award of a premium of five hundred francs to M. Planat.

GLEANINGS FROM OUR EXCHANGES.

THE PATHOLOGY OF PROGRESSIVE MUSCULAR ATROPHY.—Dr. Troisier recently brought the following case to the attention of the Société Anatomique de Paris: In a male, 27 years of age, loss of motor power with atrophy of the muscles of the upper limbs began fifteen months before death, the muscles of the right shoulder being first affected; the fatal termination was due to involvement of the intercostals and diaphragm. Examination showed simple atrophy, without loss of striation, of many of the fibres of the various muscles, with an increased amount of interstitial tissue and fat. Both roots of the spinal accessory and the root of the hypoglossal nerve were atrophied, gray, and translucent; the microscope showing simple atrophy of their fibres with preservation of myeline. Similar changes were noticed in the eight upper anterior spinal roots, most marked on the right side, the posterior roots being intact. Examination of the spinal cord showed almost entire absence of the characteristic large branched nerve-cells in the anterior cornua; scanty granular masses represented those which had disappeared. These changes were limited almost entirely to the cervical region of the cord.

Dr. Troisier thought that the disease had arisen in a sub-inflammatory condition of the gray matter itself, the atrophy of the cells in the anterior cornua being the primary lesion and the changes in the nerves secondary. The change in the muscles was one of simple atrophy, accompanied by the multiplication of nuclei of the sarcolemma. Dr. Charcot remarked on the value of the case as showing the connection between lesions of the anterior cornua and progressive muscular atrophy. —*Lancet*, May 29.

TREATMENT OF ACUTE NASAL CATARRH, ETC., BY THE TINCTURE OF THE CHLORIDE OF IRON.—J. S. Prout, M.D. (*New York Medical Record*, June 12), recommends the use of tinctura ferri chloridi in large doses in the treatment of coryza. There is often an abortive action on the inflammation. In half an hour relief may be felt, which may remain permanent, or a cure may require a few repetitions of the dose.

Dr. Bull writes to Dr. P. as follows: "I have used the tincture of the sesquichloride of iron quite frequently in cases of recent or incipient nasal catarrh, what is ordi-

narily called 'a cold in the head,' and almost invariably with a rapid beneficial effect. I give it as soon as the patient complains of the sense of fullness in the nose and head, in doses of from ℥ss to ʒss, and repeat every hour. Usually, I have not been obliged to give more than four or five doses, and sometimes not more than two. I have taken it myself, and always with good results. But it must be given early; otherwise it fails in producing the desired effect. I have not noticed any bad effects from its use in such frequently repeated doses."

Dr. N. B. Sizer has also written to Dr. Prout, giving his experience with the remedy. He has noted twenty-eight cases in which the iron was used, and twenty-five of these were cured in from twenty-four to forty-eight hours.

"In those not cured," Dr. S. says, "the catarrhal inflammation was modified somewhat, but the disease ran its usual course. There was no personal idiosyncrasy, so far as known, to interfere with the curative results in these cases. The dose varied from three to thirty-five minims, with an equal amount of syrup or glycerin. The thirty-minim dose has been given to an infant, with wonderfully quick effect; done tentatively, however, and not as a usual thing."

The tendency of the iron to constipate may be very much lessened or entirely prevented by the addition of three or four drops of the tincture of belladonna to each dose.

EXCISION OF THE HIP-JOINT AND REMOVAL OF THE WHOLE OF THE ACETABULUM WITH A PORTION OF THE DORSUM ILII (*Lancet*, May 29).—A boy of 11, with a family history of phthisis, received a kick on the hip while at play. Lameness followed this, which was treated for some time by rest and extension. After some months he was improved, and treatment was discontinued. His health became worse, suppuration was established, and the hip became riddled with sinuses. He was admitted to the Southport Infirmary, under the care of Mr. George A. Woods, a year and ten months after the accident, in an extremely emaciated and exhausted condition, suffering from hectic. There were various sinuses above the great trochanter, and one large crescentic one extending from a little below the great trochanter four inches to the dorsum ilii. Dead bone could easily be detected with a probe. Chloroform having been given, a T-shaped incision was made for about six inches over the centre of the great trochanter, the limb was forcibly adducted and rotated inwards, and the head of the bone exposed to view, lying dislocated on the dorsum ilii. The head of the bone and the parts below for an inch and a half were then removed with the saw, and the acetabulum and adjoining parts being found diseased, these as well as a portion of the dorsum ilii and ischium were removed by the gouge. The case progressed satisfactorily for a considerable time, but the patient died six months later of kidney-disease. On examining the joint after death, the wound was found entirely healed, and there was good motion. Shortening, four and a half inches.

NEUTRALIZATION OF HYDRATE OF CHLORAL BY CARBONATE OF SODIUM.—M. Oré states that the addition of two drops of a ten per cent. solution of carbonate of sodium to fifteen grains of chloral dissolved in a drachm of water will not only neutralize the acidity of the chloral but will render the solution alkaline. This alkaline solution hinders the coagulation of the blood instead of occasioning it, and can therefore be injected into the veins without any risk of producing embolism. M. Oré strongly recommends this method of employing chloral as a means of producing anæsthesia in surgical operations. —*Practitioner*; from *Bull. Gén. de Thérap.*, February, 1875.

MISCELLANY.

A SIMPLE METHOD OF PREVENTING MASTURBATION IN CHILDREN.—Dr. Porro (*Riv. di Medicina, Chir. et Terapeutica*, de Soresina) writes that he was consulted about a child, aged four and a half years, who was furiously addicted to onanism. It occurred to him that if the prepuce were closed by transfixing it by a gold ring,*—such as are worn in the ears by girls,—the performance of the act would be hindered. This method proved efficacious, and the health of the child, which had been enfeebled, was soon re-established. The presence of the ring did not render erection painful. The author adds that this means may be applicable to girls by thus transfixing the labia majora, joining them throughout their superior and middle thirds.—*Le Progrès Médical*, April 10, 1875; *St. Louis Clinical Record*.

BLOODING A KING.—The following extract from "The Greville Memoirs" gives a vivid idea of medical practice in 1820:

"February 4.—The new king (George IV.) has been desperately ill. He had a bad cold at Brighton, for which he lost eight ounces of blood; yet he afterwards had a severe oppression, amounting almost to suffocation, on his chest. Halford was gone to Windsor, and left orders with Knighton not to bleed him till his return. Knighton was afraid to bleed him. Bloomfield sent for Tierney, who took upon himself to extract fifty ounces from him. This gave him relief; he continued, however, dangerously ill, and on Wednesday he lost twenty ounces more. Yesterday afternoon he was materially better for the first time. Tierney certainly saved his life; for he must have died if he had not been bled."

A HINT FOR SMOKERS.—Reference is made in the last number of *Nature* to a property which cascarilla bark has in modifying the physiological effects of tobacco-smoking. The addition of a few very small fragments of the bark will, it is alleged, in most cases counteract the nauseating effects of strong tobacco, although if such a mixture of tobacco and cascarilla bark be smoked to excess, it will sometimes produce loss of appetite, and thirst, with vascular and nervous depression.

FOR COLD IN THE HEAD.—Hamilton recommends to mix carbolic acid, 10 drops, tincture of iodine and chloroform, each 7½ drops. A few drops are poured into a test-tube and heated over a spirit-lamp; when it begins to evaporate it is placed under the nostrils. Two minutes afterwards, the operation is repeated. Sneezing at first results, but relief soon follows.—*Journal of Applied Chemistry; Physician and Pharm.*

A MEDICAL man, who is posted in all the sciences, and who has lately cured a very bad case of "fits," considers it an illustration of the Darwinian doctrine of "survival of the fit-ist."—*Danbury News*.

* This is simply a revival of the operation of infibulation, practised by the ancient Romans upon gladiators during their training for the arena.

THE *Irish Hospital Gazette* is dead. Immediate cause, absorption into the *Dublin Journal of Medical Sciences*; predisposing cause, probably, lack of subscribers. *Requiescat in pace*.

ONE thousand nine hundred and seventy-four patients were treated in the Pennsylvania Hospital, exclusive of the insane department, during the last year.

MESSRS. BRYANT AND DURHAM have been appointed lecturers on surgery at Guy's Hospital, in place of Messrs. John Birkett and Cooper Foster, resigned.

DR. TILT, of London, has been made a "Knight of the Crown of Italy" by the Italian Government.

THE cinchona-cultivation in Jamaica is said at last to be thoroughly assured of success.

FEVER without ague is no great shakes, so says a malarial exchange.

NOTES AND QUERIES.

MOUNT SAVAGE, ALLEGANY COUNTY, MD., June 16, 1875.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

DEAR SIR,—I beg leave to ask an answer and explanation of the following question: "Is the temperature of an inflamed part *greater* than the ordinary temperature of the body?" I have asked several physicians this question, and have received answers both in the affirmative and negative; so, as a last resort, I ask for an explanation through the columns of your journal. For my own part, I should say that it was greater, and give my reasons for so thinking from the following facts:

1. The arterial blood supplied to an inflamed limb is found less warm than the focus of inflammation.
 2. That the venous blood, returning from an inflamed limb, though found less warm than the focus of inflammation, is found warmer than the arterial blood supplied to the limb.
 3. That the venous blood returning from an inflamed limb is found warmer than the corresponding current on the opposite side of the body.
- Now, I would ask, Does the temperature of the inflamed part exceed that of the left ventricle of the heart, or the temperature under the axilla? If not, is it on account of the increased flow of blood which an inflamed part receives, and which neutralizes, to a certain degree, the increased heat which arises?

I beg you will pardon my troubling you; but, so far, I do not feel satisfied with the explanations I have lately received.

Yours, etc.,

MEDICAL STUDENT.

OBITUARY NOTICE.

DR. J. P. ANDREWS, a prominent physician of Colerain, Lancaster County, Pennsylvania, was found, on the 7th inst., lying in his buggy unconscious, with blood flowing from his mouth and nostrils, and died in a very short time after being taken out.

Dr. Andrews was an accomplished physician, quite a noted local historian, and is also said to have been one of the best botanists in the State. At the time of his death, he was in his 56th year.

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY, FROM JUNE 15, 1875, TO JUNE 21, 1875, INCLUSIVE.

HASSON, A. B., SURGEON.—Granted leave of absence for twenty days. S. O. 121, Military Division of the Atlantic, June 15, 1875.

KOERPER, E. A., ASSISTANT-SURGEON.—Relieved from duty as Attending Surgeon, Detroit, and assigned to temporary duty at Fort Wayne, Michigan. S. O. 124, Military Division of the Atlantic, June 19, 1875.

SKINNER, JOHN O., ASSISTANT-SURGEON.—Assigned to duty at St. Augustine, Florida. S. O. 79, Department of the South, June 14, 1875.